# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Scaretary of State

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346 SECRETARY OF STATE DIVISION OF CORPORATIONS

# FLORIDA PROFIT CORPORATION OR P.A.

G & V MEDICAL EQUIPMENTS, INC.

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#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 17, 2001

FAS-T

1.

SUBJECT: G & V MEDICAL EQUIPMENTS, INC.

REF: W01000011202

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If you have any further questions concerning your document, please call (850) 487-6904.

Freida Chesser Corporate Specialist New Filings Section FAX Aud. #: H01000066408 Letter Number: 101A00030184

#### ARTICLES OF INCORPORATION

OF

G & V MEDICAL EQUIPMENTS, INC.

SECRETARY OF STATE DIVISION OF CORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the state of the

#### **ARTICLE I NAME**

The name of the corporation shall be: G & V MEDICAL EQUIPMENTS, INC.

The principal place of business of this corporation shall be:

6850 Coral Way #507 Miami, Fl. 33155

#### **ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1,000

## ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

## ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

P-D Raul Gonzalez 6850 Coral Way # 507 Miami, Fl. 33155

S-T-D Alejandro Gonzalez 6850 Coral Way #507 Miami, Fl 33155

VP-D Carlos D Vallina 6850 Coral Way # 507 Miami, Fl, 33155

### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Raul Gonzalez 6850 Coral Way #507 Miami,Fl.33155

IN WITNESS WHEREOF, the undersigned in Articles of Incorporation this 15 day of	ncorporator(s) has(have) executed these of, 2001
	Signature(s) of Incorporator(s)
	· Raid Gangela
•	

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1: The name of the corporation	G & V MEDICAL EQUIPMENTS, INC.
;	
<ol><li>The name and address of the</li></ol>	registered agent and office is:
Alejandro Gonzalez 6850 C	
	BOX NOT ACCEPTABLE)
•	
Miami.	Fl. 33155
	(CITY/STATE/ZIP)
	$\mathcal{M}$ $/$ .
	DIOMETICA //// -
	SIGNATURE
	(corporate officer)
	TITLE President
	DATE_5/15/01
	DAIE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE 5/15/01

SECRETARY OF STATE
DIVISION OF CORPORATIONS